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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input type="checkbox"/> Correspondence address below	
Name MAMOU SADRE			
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City WINDHAM	State N.H.	ZIP 03087	
Country	Telephone (603) 936-9446	Fax 617-542-2016	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) MAMOU		Family Name or Surname SADRE	
Inventor's Signature <i>Mh</i>		Date 7/3/03	
Residence: City WINDHAM	State NEW HAMPSHIRE	Country USA	Citizenship USA
Mailing Address 29 HICKORY LANE			
City WINDHAM	State NH	ZIP 03087	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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Country USA					
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Inventor's Signature			Date		
Residence: City		State		Country	
Citizenship					
Mailing Address					
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Country					
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